

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>7643</b>	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Edward C Chew P O Box Bldg Room No if any Street 925 Lois Drive City Williamstown State New Jersey ZIP Code + 4 08094	4 Name file number and address of labor organization Name United Food & Commercial Workers Local 1776 Labor Organization File Number 045 254 P O Box Building and Room Number if any Street 3031 A Walton Road City Plymouth Meeting State Pennsylvania ZIP Code + 4 19462
5 Position in labor organization Legal Director	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income  7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions)

Signed

On

8/12/2005

Date

610 940-1817

Telephone Number

Name of Person Filing Edward Chew	File Number U
-----------------------------------	---------------

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (Including trade name, if any)</b> Name UFCW Central PA & Regional H & W Fund Trade Name if any P O Box Bldg Room No if any Street 150 S 43rd Street City Harrisburg State Pennsylvania ZIP Code + 4 17111	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	<b>11 a Nature of such dealing</b> Taft Hartley Benefit Fund <b>11 b Approximate dollar value of such dealing</b> \$2 114 080 <b>12 a Nature of interest held or income received</b> Reimbursement for and expenses at International Employee Benefit Educational Conferences and meal expenses at Trustee Meetings <b>12 b Amount</b> \$3 406

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>14 a Nature of payment.</b>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment.</b>

Name of Person Filing Edward Chew

File Number U

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Healthcare Strategies Inc

Trade Name if any HSI

P O Box Bldg Room No if any

Street 3031 B Walton Road

City plymouth Meeting

State Pennsylvania ZIP Code + 4 19462

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Third Party Administrator to Taft Hartly Health &amp; Welfare Fund

11 b Approximate dollar value of such dealing \$330 000

## 12 a Nature of interest held or income received

Paid for spouse s meal while attending International Benefit Fund Education Conference

12 b Amount \$77